MW 13 STICKUR WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Fraction Section Number County: WashingTon 5w 1/45w 1/4 Sw/4
Distance and direction from nearest town or city street address of well if located within city? LOCATION OF WATER WELL: Township Number Range Number Huys 15 + 36 2 WATER WELL OWNER: Leiszler 012 Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39.81441

Longitude: -97.04744

Elevation: 1321.16 RR#, St. Address, Box #: 635 w. Chawford City, State ZIP Code: Clay Center, KS.
67432 -2337

MARK WELL'S LOCATION | 4 DEPTH OF WEL Data Collection Method: 50rvey DEPTH OF WELL 32.64 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 1295.24ft BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring W 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes_____ TYPE-QF BLANK CASING USED: 7 Fibergiass nent 8 Concrete Tile 3 RMP (SR) Steel 5 Wrought 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement Blank casing diameter _____ in. Was casing pulled? Yes _____ No ____ If yes, how much _____ Casing height above or below land surface _____ in. **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout Bentonite 4 Other From 37.64ft. to +3 ft., From ft. to ft., Grout Plug Intervals: From _____ to ____ ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit (11 Fuel Storage) 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well PLUGGING MATERIALS **FROM** TO FROM TO PLUGGING MATERIALS Benjonite Chips 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed in moto/flay/year) _____ under the business name of ______. Servees by (signature) ______.

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.